

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001478

Entity Name: SHADOWOOD VILLAS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O AMERICAN PROPERTY MGMT SERVICES
8825 TAMIAMI TRAIL EAST
NAPLES, FL 34113**Current Mailing Address:**C/O AMERICAN PROPERTY MGMT SERVICES
8825 TAMIAMI TRAIL EAST
NAPLES, FL 34113 US**FEI Number:** 65-0576425**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AMERICAN PROPERTY MANAGEMENT SERVICES, LLC
C/O AMERICAN PROPERTY MGMT SERVICES
8825 TAMIAMI TRAIL EAST
NAPLES, FL 34113 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** ORLANDO MISERANDINO ORTIZ

04/28/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name FRASE, KRIS
Address C/O AMERICAN PROPERTY MGMT
 SERVICES
 8825 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113

Title VP
Name ERICKSON, NORM
Address C/O AMERICAN PROPERTY MGMT
 SERVICES
 8825 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113

Title DIRECTOR
Name STRATYCHUK, BRIAN
Address C/O AMERICAN PROPERTY MGMT
 SERVICES
 8825 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113

Title S
Name MAURER, BRENT
Address C/O AMERICAN PROPERTY MGMT
 SERVICES
 8825 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113

Title PRESIDENT
Name KLING, STACY
Address C/O AMERICAN PROPERTY MGMT
 SERVICES
 8825 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KLING , STACY

PRESIDENT

04/28/2018

Electronic Signature of Signing Officer/Director Detail

Date